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Items of Interest:

April is Sexual Assault Awareness Month. Nationally, April is observed as Sexual Assault Awareness Month (SAAM) as a way to raise awareness about and to promote prevention of sexual violence through special events and public education. SAAM creates an opportunity to highlight the new Department of Defense (DoD) and Service policies addressing sexual assault prevention and response. The Department of Defense (DoD) theme for SAAM 2006 is *Sexual Assault Prevention... Begins With You*. This slogan serves to remind us that each of us can play a role as a leader, a teacher, a friend or co-worker in sexual assault prevention. New DoD policies addressing sexual assault prevention and response seek to establish a climate of confidence in which:

- sexual assault and the attitudes that promote it are not tolerated,
 - victims of sexual assault receive, the care and support that they need.
- For more information on SAAM, visit www.sapr.mil/HomePage.aspx

Navy and Marine Corps Medical News

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New Dental Dressing Simplifies Dental Care for Deployed Personnel

By Christine Mahoney, Bureau of Medicine and Surgery Public Affairs

WASHINGTON – Scientists at Great Lakes Naval Institute for Dental and Biomedical Research (NIDBR) developed a new Forward Deployable Dental Dressing (FDDD) for deployed personnel to use in the field when a non-life threatening dental injury occurs. The dressing will be used to treat dental injuries such as fractured teeth, loose fillings and crowns.

The new dental dressing was developed by Dr. Amer Tiba, Dr. Dave Charlton, and Capt. James Ragain Jr.

"NIDBR's new dental dressing represents a great and neces-

sary improvement in operational dental care. Anyone who has had a broken tooth or lost filling knows how hard it is to concentrate when one's jaw hurts. The FDDD is a simple-to-use, highly effective material that will alleviate pain, thus help keep war fighters on station, doing their jobs," said Capt. Stanton Cope, Commanding Officer, NIDBR.

"Our goal was to come up with an easy-to-use dental restoration material that can be used out in the field or onboard ships by hospital corpsmen and, eventually, by non-medical personnel," said Ragain. "This is a temporary dental treat-

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ATLANTIC OCEAN - Hospital Corpsman 3rd Class Nancy Ann Corbet provides rescue breathing, while Hospital Corpsman 3rd Class Sally Cadena stands ready to defibrillate a mock casualty during a general quarters (GQ) drill aboard the Nimitz-class aircraft carrier USS George Washington (CVN 73). U.S. Navy photo by Photographer's Mate 3rd Class Michael Blackwell

Bureau of Medicine and Surgery Announces Shore Sailor of the Year

By Christine Mahoney, Bureau of Medicine and Surgery Public Affairs

WASHINGTON – The Bureau of Medicine and Surgery (BUMED) announced its Shore Sailor of the Year (SSOY) for 2006 during a ceremony March 16.

Navy Surgeon General Vice Adm. Donald Arthur announced the selection of Hospital Corpsman 1st Class (FMF/FPJ/DV) Matthew Pranks of Naval School of Health Sciences (NSHS) Portsmouth, Va. Component Fort Bragg, N.C. Joint Special Operations Medical Training Center as BUMED's Shore Sailor of the Year (SSOY).

Also nominated for the award were Hospital Corpsman 1st Class Tomasine Jordan, Navy Medicine Support Command; and Hospital Corpsman 1st Class (FMF) Gregory Halol, Navy Environmental Health Center.

"Being named BUMED SSOY is unbelievable. Originally when I went up for SSOY at my parent command, I had not realized just what this was all about. I was selected as the SSOY for NSHS, and then I was selected as the Naval Medical Education and Training Command (NMETC) SSOY," said Pranka. "I felt extremely honored. The commands guided me and pre-

pared me for the next level. I began to realize just what an incredible experience this process is, the training that I received and the mentoring from all the Master Chiefs and the BUMED Force Medical Master Chief."

Pranka was nominated for BUMED SSOY by Lt. Cmdr. Jesse Gross and Master Chief Hospital Corpsman (SEAL) Michael Brown, Naval senior enlisted leader, Joint Special Operations Medical Training Center, Naval School of Health Sciences' Fort Bragg Detachment.

Candidates for the BUMED SSOY

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NMCP Officers Among First to Earn FMF Pins

By Journalist 1st Class Eric Deatherage, Naval Medical Center Portsmouth Public Affairs Office

NAVAL MEDICAL CENTER PORTSMOUTH, Va.—Ten Naval Medical Center Portsmouth (NMCP) officers joined an elite Navy group when they received their Fleet Marine Force qualification pins March 15.

Until last summer, the FMF qualification was open only to the enlisted ranks of the United States Navy. The Navy approved the officer program last July.

NMCP Commander Rear Adm. Thomas R. Cullison pinned Capt. Kevin Knoop, Cmdr. Guido Valdes, Cmdr. Thomas Craig, Cmdr. Jeffrey McGuire, Cmdr. Peter Johnson, Lt. Cmdr. Eileen Knoble, Lt. Cmdr. Kevin Mann, Lt. Richard Boyer, Lt. Phil Dauernheim and Lt. j.g. Shannon Solberg. They served with the 2nd Force Service Support Group in Iraq.

"Thank you for what you've done," Rear Adm. Cullison told the newly pinned officers. "Thank you for where you've been and where you are going."

The group was among the Navy's first to receive the qualification. They all completed the FMF requirements, passed the boards

and were designated as FMF qualified last September, all while deployed to Iraq, but had to wait until March for the official pinning. The delay was caused by the limited availability of the uniform device. "It's good to finally have it the pin," said Mann of General Surgery.

"I'm very proud," said Preventive Medicine's Solberg. "We tried very hard and it feels good to be one of the first ones."

Members of the group were not only proud of being among the first to receive the pin, but of what they went through to get it. "More importantly, we have gained the experience while on duty in a combat zone alongside Marines," said Knoop, Director of Medical Education. "It just doesn't get any better than that."

In order for Navy officers to receive FMF qualification, they are indoctrinated into the basics of Marine Corps officer knowledge. They must learn the history, structure and mission of the Marines. They must also know Marine weapons systems, land navigation techniques and basic communication gear.

The testing portion of the process was an hour-and-a-half-long board in which a panel of Navy and



NAVAL MEDICAL CENTER PORTSMOUTH – Naval Medical Center Portsmouth (NMCP) Commander Rear Adm. Thomas R. Cullison pins the Fleet Marine Force (FMF) device on Capt. Kevin Knoop, who was one of 10 NMCP officers to receive the FMF pin March 15. U.S. Navy photo by Naval Medical Center Portsmouth, Public Affairs

Marine Corps officers asked them questions on the required material.

The physical training requirements included a three-mile run, pull-ups, crunches and a six-mile hump with full combat gear. Candidates must also complete gas chamber aptitude and qualify on the M16A2 service rifle.

Navy 'Docs' Focus on Keeping Marines, Iraqis Alive

By Cpl. Daniel J. Redding , 1st
Marine Logistics Group

AL ASAD AIR BASE, Iraq - Saving lives. These two simple words sum up one vital endeavor for the sailors of the Al Asad Surgical unit here.

Whether it's injured U.S. service members, Iraqi Security Forces or civilians from the local populace, this medical unit in western Iraq is fully prepared to provide treatment to those in need.

Al Asad Surgical is usually the first stop for Marines who are seriously wounded fighting insurgents in places like Hadithah, Husaybah and Al Qaim - towns in the north-west corner of Iraq that continue to be hotspots of insurgent activity.

Since they assumed command

in late February, the unit has handled nearly 200 patients including members of the ISF and several insurgents.

The majority of injuries the unit has treated have been from improvised explosive devices, said Lt. Cmdr. Ben A. Powell, an en route care nurse with the unit.

"In the surrounding area, Al Asad Surgical is the primary provider of extreme and timely care," said Powell. "If Al Asad Surgical was not here, a patient's chances of survival would diminish exponentially."

There are five levels of medical care for service members in Iraq, beginning with level one, which is provided by battalion-level aid stations and ending with level five care that is provided back in the States.

Al Asad Surgical provides level two medical care, the highest level of care outside of the Combat Army Surgical Hospitals at Baghdad and Ballad.

Even with the guidance from those who have been here for the past seven months, and their intense medical schooling, the new medical personnel here know they still have much to learn.

"Nothing prepares you for this environment; experience is what is getting us through," said Ens. Maria G. Kennedy, who recently helped a 10-year-old boy from a near-by village who had suffered a serious head trauma.

Al Asad Surgical provides a service that no other medical unit in

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New Dental Dressing continued...

(Continued from page 1)

ment that can be used in the field until the injured service member can visit a dentist or dental clinic."

The process for development of the new dental dressing began in 1998. "We looked at all of the available dental restorative materials on the market and found that none of them met our specifications," said Ragain. "Today, we have a product that will immediately provide an injured Marine or Sailor with relief thus allowing them to continue with their duties."

The Food and Drug Administration (FDA), approved the new dressing in February 2006. The

dental dressing is currently being tested and evaluated at three Marine Corps bases before being issued to the fleet.

"The dental detachments at Okinawa, Camp Pendleton and Camp Lejeune are undergoing a testing and evaluation process," said Capt Dale Ehrlich, NIDBR Technical Director. "Along with testing the user-friendliness of the dressing, we also have two types of product packaging and directions being evaluated. From the feedback we receive, we will make the necessary changes in order to provide the best product possible to the fleet."

Once the testing and evaluation

processes are concluded and the final product ready, the new dental dressing will initially issued to small ships and to Independent Duty Corpsmen (IDC) who are deployed to the field.

Ragain added, "I believe this is the first product from NIDBR to go through the entire process of research, development (including FDA approval and patenting), and acquisitions with ultimate delivery to the Warfighters. We are very excited about the new dressing and are proud to provide our service members with this innovation in front line dental care."

BUMED SSOY continued...

(Continued from page 2)

competition spent the first few days in Washington, D.C., touring local area monuments and historical sites. These Sailors also maintained their physical readiness by conducting physical training evolutions while the nation's capital.

The next step for Pranka will be the competition for the Navy Sailor of the Year (SOY). Besides the Navy SOY competition, his future includes becoming a Recon Independent Duty Corpsman and continuing to teach.

"Now I continue to prepare for the next level, learning more and more about the Navy, and becoming deeply interested in how to reach these top enlisted positions where I will be able to make a difference in this organization and continue to mentor upcoming Sailors of the Year," he said. "I am truly honored to represent the Hospital Corps at the VCNO board. I am excited about this competition and looking forward to carrying out the tradition of excellence for the Hospital Corps and Fleet Marine Force Community."

Iraqi Soldiers Hone Lifesaving Medical Skills in Al Anbar Province

By Sgt. Jim Goodwin 1st Marine Division

CAMP AL ASAD, Iraq - Iraqi soldiers at Camp Al Asad, part of the 2nd Brigade, 7th Iraqi Army Division, have spent months learning everything from basic marksmanship to medical evacuation and treatment.

Most recently, the soldiers here received arguably some of the most crucial training they'll need to survive in western Al Anbar province – how to deal with a “mass casualty” event.

“They’re going to get injured, and the better they respond to it, the more people they’re going to save,” said Hospital Corpsman 1st Class Krishnna J. Reyes, a member of the Military Transition Staff (MTS).

The recent mass casualty drill was another building-block in the Iraqi’s progression towards independent operations, which MTT leadership here say will happen by

year’s end.

Hospital corpsmen from Regimental Combat Team 7 (RCT-7), role-playing wounded casualties, offered a touch of realism during the exercise for the Iraqi soldiers. Sprawled in various rooms of an unlit, wooden hut, the sailors moaned in agony while wearing injury-bearing rubber prosthetics. The uniformed Iraqis were required to locate, prioritize and evacuate the casualties while under the watchful eye of the MTT staff and a U.S. Navy surgeon.

The training is considered crucial for troops here because a proper first response can mean the difference between life and death in a real mass casualty situation.

“Anyone can load a patient on an ambulance or put on a bandage when they have all the time in the world,” said Krishnna. “That’s why we train to do it quickly – because we won’t have time.”

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CAMP AL ASAD, Iraq - An Iraqi soldier lifts a mock casualty, played by Hospital Corpsman 2nd Class Paul Turner, corpsman with Regimental Combat Team 7, onto his shoulders before hauling him out of a wooden hut and into safety during a mass casualty drill March 19, at the Iraqi Army camp at Al Asad, Iraq. The Iraqi soldiers, part of the 2nd Brigade, 7th Iraqi Army Division, conducted the drill to practice their response in the event of a real mass casualty event. *U.S. Marine Corps photo by Staff Sgt. Jim Goodwin*

Navy ‘Docs’ continued...

(Continued from page 3)

the surrounding area can offer – patient stabilization during helicopter medical evacuations from Al Asad to higher-level medical facilities elsewhere in Iraq, Powell said.

Every nurse assigned to the ‘Forward Resuscitative Surgical

Suite’ has handled multiple cases of en-route care, said Kennedy, a native of San Diego.

To date they have performed 17 medical evacuation flights.

For these sailors, providing such necessary and urgent care is a mission that is never thankless; even if they never get the chance to hear

their patients thank them personally.

“There is a lot of self satisfaction and a lot of pride in what everybody does here,” Gomez said. “To see someone leave here in a better condition than they were, it’s a feeling no one can ever explain.”



YOKOSUKA, Japan - Hospital Corpsman Mitch Murphy assigned to the guided missile cruiser USS Cowpens (CG 63) takes an x-ray's of a Sailor during an annual dental exam at the Branch Dental Clinic, Yokosuka Fleet. *U.S. Navy photo by Photographer's Mate 1st Class Crystal Brooks*

BUMED Force Master Chief Departs, Offers "Thank You" Message to Navy Medicine Sailors

From the Office of the Force Master Chief, BUMED

WASHINGTON— "March 22 marked the end of my tour as the BUMED, Force Master Chief. It is a sad but yet joyful time for me. Sad in that I will be leaving Navy Medicine and the outstanding Sailors who have made me so very proud and joyful in knowing that I leave having made a difference.

These last four years have been the best of my career...a pinnacle job for any Hospital Corpsman. Much has been accomplished. From the HM/DT rating merger, DTs to IDC school, CMAP, NEC consolidations to building the foundation of our 5VM and so many other significant changes. These things were not accomplished by me alone or necessarily because of me. They happened because of you.

I am so very grateful for the support, dedication, ideas, and in-

volvement each of you had in shaping the Hospital Corps over these last four years. Special thanks goes out to the Sailors involved in the numerous rating merger and NEC working groups and 5VM development teams; to the detailers at PERS-407 who helped me carry out the numerous plans of change and the ECM shop who provided sound advice, knowledge and community oversight to ensure I was making the best decisions for the good of the Hospital Corps and the Sailor. And of course, I would be remiss if I didn't mention the team of professionals on my immediate staff who provided me the critical support to carry out my job. Thank you!

It's never easy to leave a job that you love but it is time. FORCM(FMF/SS/SW) Robert "Bob" Elliott is ready to take the helm and chart his own course for the Hospi-

tal Corps. You can expect the journey to continue to be exciting with exceptional support. He will serve the Hospital Corps exceptionally well. I wish him all the best and ask that you provide him the same level of support you have given me.

My transition will keep me close as I will be the OPNAV CNO-Directed CMC working for the Director, Navy Staff, Vice Adm. Ron-deau. I am excited about the challenges which await me there and the opportunity to stay close to my Navy Medicine family.

In closing, I hope my service to you has been an inspiration and proof that there are no limits to your abilities or what you can accomplish or become in this great Navy of ours. Thank you so very much for all that you do everyday. You are an inspiration.

With grateful appreciation and warmest regards, J. L. K. DiRosa."

Iraqi Soldiers continued...

(Continued from page 4)

The soldiers had to accomplish three tasks during the exercise – control the bleeding of patients, provide area security, and evacuate and treat the patients.

With the constant possibility troops can run into the threat of

small arms fire and improvised explosive devices on Anbar's dangerous roads, immediate, life-saving medical treatment is a must for the Iraqi Army.

Reyes said the drill was designed to be tough and keep the Iraqi soldiers under pressure, adding a touch of realism to what they'll experience in the event of a real mass casualty event, whether an indirect fire attack on their base, an IED attack on a convoy, or any number of scenarios which could cause a high volume of casualties.

"They did a remarkable job; even more remarkable when you consider there was only one medic and a bunch of Jundi (Iraqi soldiers) with limited medical training," said Cmdr. Jay Erickson, RCT-7's surgeon, who observed the drill and provided pointers through a translator to the only Iraqi medic on the scene.

One issue the MTT members hoped to bring to light to Iraqi Army leadership is the need for additional medics for the battalion. Only three of the Iraqi soldiers are bonafide, trained Iraqi military-certified medics.

Following the exercise, the U.S. Navy medical staff gather in a wooden hut to discuss the Iraqi soldiers' performance. Though the Iraqis did make mistakes, the Navy medical team and MTT staff were impressed with what they saw, especially considering only one of the Brigade's three medics participated.

"The soldiers were very happy ... because after all the training we went through, we finally were going to get a chance to prove ourselves," said Iraqi Army Sgt. Ahmad Mdtr of 2nd Bn. last week following the operation. "This is our one chance to life to prove that we can do our duty alone."



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